

**Roseville City School District
2026-2027 Rates**

Rates are based on full time status, Certificated = 100%, & Classified = 35+ hours/week.
If you are less than full time see rate sheets for Percentage Employees.

High Deductible Medical with Personify Dental and Vision

SIG ID	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Personify	VSP
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	PERID	VS00-C
Monthly Rates							Family	Employee ONLY
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 150.00	\$ 9.10
EE & Spouse/Domestic Partner - ES/EDP	\$ 1,280.00	\$ 1,475.00	\$ 1,671.00	\$ 1,887.00	\$ 1,580.00	\$ 1,844.00		
Employee & Children - ECH	\$ 973.00	\$ 1,121.00	\$ 1,269.00	\$ 1,433.00	\$ 1,201.00	\$ 1,402.00		
Family - FAM	\$ 1,504.00	\$ 1,733.00	\$ 1,962.00	\$ 2,216.00	\$ 1,857.00	\$ 2,167.00		

Yearly Cost of Medical Plan with Dental and Vision							
Employee Only	\$ 9,589.20	\$ 10,765.20	\$ 11,941.20	\$ 13,237.20	\$ 11,389.20	\$ 12,973.20	
Employee & Spouse/Domestic Partner	\$ 17,269.20	\$ 19,609.20	\$ 21,961.20	\$ 24,553.20	\$ 20,869.20	\$ 24,037.20	
Employee & Children	\$ 13,585.20	\$ 15,361.20	\$ 17,137.20	\$ 19,105.20	\$ 16,321.20	\$ 18,733.20	
Family	\$ 19,957.20	\$ 22,705.20	\$ 25,453.20	\$ 28,501.20	\$ 24,193.20	\$ 27,913.20	

Monthly Medical Cost to Employees Over the Cap							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 64.84	\$ 171.75	\$ 278.65	\$ 396.47	\$ 228.47	\$ 372.47	
Employee & Spouse/Domestic Partner	\$ 763.02	\$ 975.75	\$ 1,189.56	\$ 1,425.20	\$ 1,090.29	\$ 1,378.29	
Employee & Children	\$ 428.11	\$ 589.56	\$ 751.02	\$ 929.93	\$ 676.84	\$ 896.11	
Family	\$ 1,007.38	\$ 1,257.20	\$ 1,507.02	\$ 1,784.11	\$ 1,392.47	\$ 1,730.65	

12 Pay							
Employee Only	\$ 59.43	\$ 157.43	\$ 255.43	\$ 363.43	\$ 209.43	\$ 341.43	
Employee & Spouse/Domestic Partner	\$ 699.43	\$ 894.43	\$ 1,090.43	\$ 1,306.43	\$ 999.43	\$ 1,263.43	
Employee & Children	\$ 392.43	\$ 540.43	\$ 688.43	\$ 852.43	\$ 620.43	\$ 821.43	
Family	\$ 923.43	\$ 1,152.43	\$ 1,381.43	\$ 1,635.43	\$ 1,276.43	\$ 1,586.43	

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00
Annual SIG Waive Fee	full time employee waiving health benefits	\$2,700.00
SIG Hartford Life Insurance	enrolled in a health plan	1x's annual salary
The Standard Income Protection (Disability Insurance)	working: CE-40%+ ; CL-15hr/wk+	75% of income

**Medical benefits are only available to employees working:
Certificated = 50% or more**

Formula for \$0 premium =IF((B21-E40)/12<0,0,(B21-E40)/12)